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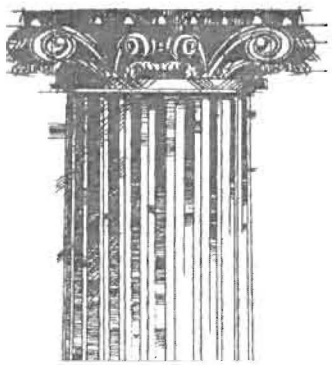

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PALMER'S PRINCIPLE OF TONE:

Our Metaphysical Basis

As many chiropractors know, Innate Philosophy has been under attack from a variety of sources within the profession(1-7). This causes anxiety and sometimes uncertainty in many chiropractors. As one chiropractor recently expressed it, "So many of our lecturers and instructors spend too much time pleasing scientists, politicians, academics and editors. Why denigrate yesterday's philosophy and leave nothing in its place?"(8) While I do not share these beliefs, I do share the concern and sentiment that prompted them.

This type of thinking erroneously believes that "philosophy" should provide an unchanging metaphysical belief system, a dogma, to undergird one's practice(9,10). Critics "denigrate" Innate Philosophy because such dogma blocks well-established philosophical purposes, such as professional scrutiny and self-criticism (11,12). Such philosophy also propagates unwarranted and unusable metaphysical assumptions (e.g., innate intelligence) (13). It may even be unethical(14). The only thing conscientious critics can "leave" in "Innate's" place is a sound healing perspective in terms of explicit metaphysical assumptions arrived at by studying the basic issues of scientific healing.

A clarification of metaphysics as it applies to science in general, and health science in particular, is needed. Such clarification is also needed beyond just the chiropractic profession. Consider that, even well-intentioned critics of "chiropractic philosophy" such as medical historians, public interest groups, etc. have a poor grasp of philosophical issues. They often view medicine as being the only legitimate (i.e., scientific) way of viewing human health(15-17). What they espouse, is really a disguised "medical philosophy." Much of this misconception stems from political medicine's carefully crafted public image of medicine as the sole champion of "scientific" health care. This "medical philosophy" influences academics, the media and thereby most of society(6). Most chiropractors are realistic enough to see through this deception. Unfortunately, over the years many chiropractors have had an affinity for a counter "philosophy."

What appears to escape many chiropractors is that there can be no such thing as "chiropractic philosophy." But, just as assuredly there can be no "medical philosophy" either. All there can be, for either profession, is a health science about which we philosophize. Therefore, the term "chiropractic philosophy" is really a misnomer. The proper terminology is "philosophy of chiropractic." Does that leave our professional identity irrevocably entwined with all other health sciences, particularly the dominate medical colossus? No(18,19). Perhaps, in the next century, there will evolve a theory of health and disease in which medicine, chiropractic and other healing arts will be unified. Until then, separate professional courses appear desirable. To understand how two or more separate professions are justifiable within the

1. Private practice of chiropractic.

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health sciences requires an examination of the metaphysical assumptions involved in the health sciences.

First and foremost, the whole discipline of science is grounded in a number of **a priori** assumptions about the makeup of the universe. For example, science assumes the makeup of the universe to be such that it is lawful, predictable and ultimately knowable by human minds(20). Obviously, without such assumptions, science could not be done. Certainly, there is no way to ever empirically test these, or any such global assumptions, about the ultimate nature of the universe(21). Some critics of science, therefore, point out that such assumptions are an act of "faith." The implication being that any universal assumption is as credible as any other. But such critics fail to realize that these basic assumptions, so necessary to science, are also confirmed indirectly on a daily basis by their successful application in all fields of science.

At a different level of understanding science is generally regarded as being metaphysically grounded in a natural philosophy called materialism. Its root metaphor is that the world can be understood in terms of natural objects without recourse to vitalistic explanations such as God or Innate(22). Vitalistic philosophies have, therefore, been a non-issue in science since the first decades of this century(9,23).

On a related note, many chiropractors are understandably troubled by the fact, that in science, materialism tends toward an overly mechanistic flavor(23). This is because philosophy of science has been most influenced by the Physical as opposed to the Life Sciences. Misunderstanding of this point leads some chiropractors to espouse a vitalistic philosophy(24-26). This swing to vitalism in unnecessary, however, because nothing precludes other scientific perspectives that do not emphasize mechanism (e.g., holism)(21,27,28). Actually what is needed is for the chiropractic profession to establish its own "materialistic" perspective. Certainly, there is a solid rationale for another perspective.

Beyond the most basic scientific assumptions (e.g., lawfulness, predictability), there is discussion about the exact metaphysical nature of science itself(21,29). Surprisingly, metaphysical arguments, even within well-defined disciplines, such as science, are inevitable(33). The reasons for this are not difficult to understand. A chief (although not only) reason the problems arise is because man must come to understand the unknown in terms of what he does know. Inevitably, the concrete world around him becomes the source of metaphors to explore the unknown. For example, electrons are said to "flow" in circuits because in the 19th century electricity was envisioned as an invisible fluid. Or, in medicine, people "get' diseases because the notion of disease evolved from the ancient belief that an evil demon caused illness by getting into the victim. So, while science seeks the nature of ultimate reality by accepting certain indispensable a priori assumptions, it encounters certain difficulties as it tries to grasp the unknown. Certainly, science cannot accurately tell an individual science what is the "best" way of utilizing or viewing science's basic assumptions. Therefore, while medicine and chiropractic may seek the same "reality" about the nature of health and disease, there is nothing that prohibits radically different scientific perspectives. As long as the perspectives are scientifically productive, they remain viable alternatives.

What should be a paramount concern to any health science is the "real" nature of disease. And, any statement about or attempt to discover what the "real" nature of disease (or anything else) is, cannot escape being based upon **a priori** assumptions. That is why the distinction of the "real" from the "imaginary" is a prime metaphysical theme in all philosophers(22,31).

> Kostenbaum warns us that. . ."since things are not necessarily what they appear to be, it is the task of metaphysics to uncover what lies at the bottom of our experiences, what reality hides behind the appearances of our senses."(22)

In most other sciences the bulk of practitioners accept the dominant paradigm and its attendant metaphysical assumptions(32). The health field is unique in that its central concept, the "true" nature of disease is extraordinarily elusive. The lesson for our profession is that we need, like other sciences, to identify and agree upon our core metaphysical assumptions. Such shared assumptions would thereby contribute to the establishment of a professional healing paradigm(19,28). Essentially then, the chiropractic profession's own unique scientific direction would be established. All chiropractic need do, is utilize the scientific method to explore the health implications raised by its own "materialistic" assumptive base.

Having said all that, there is still the problem of what assumptions the chiropractic profession should embrace. It has recently been suggested that chiropractic could fruitfully embrace a group of assumptions forming a Coan-like perspective(9). This, and a competing perspective, were named after the ancient cities of Cos and Cnidus situated along the coast of Asia Minor. These cities were the centers of two opposing schools of healing. They based their healing approaches upon a number of divergent metaphysical assumptions about disease.

At Cos, influenced by Hippocrates, physicians assumed disease was best studied in terms of the "whole man." For Coans disease was assumed to be a disruption of the functional unity of the body. Each case was assumed to be best considered individually. Disease was assumed to be a natural process resulting from climate, diet, environment or the patient's way of life. Therapeutics were, accordingly, directed toward reestablishing the body's functional unity by assisting the *Vis Medicatrix Naturae*.

In rival Cnidus, on the other hand, physicians assumed diseases to be entities situated in organs or parts. Such diseases were assumed to be classifiable by identifying their effects in terms of special characters or symptoms. Accordingly, treatments were directed against the invading disease rather than in consideration of the sick person(33,34).

Chiropractors can reasonable be considered the modern day version of the Coans. Occasionally we chiropractors allude to this ancient tradition(35). Unfortunately, we do not utilize it to help articulate our metaphysical assumptions in terms of a scientific perspective.

Chiropractors should consider that the Coan perspective has many advantages. This perspective would be eminently acceptable to the academic/scientific community. It also places chiropractic into a complementary rather than antagonistic position to mainstream medical, Cnidian-like, thought. The Coan tradition also leaves much room for healthy scientific disagreement and professional growth. Certainly, it has potential for providing a philosophical perspective well into the future. Furthermore, D.D. Palmer actually utilized a Coan-like perspective in found chiropractic.

If we discard Dr. Palmer's mystical Innate philosophy, we are still left with a usable "Coan" perspective. After all, D.D. said "disease is too much or not enough function." Dr. Palmer reminded us that disease was not some entity that attacked the body(36). He also told us that he discovered chiropractic by questioning how two people similarly employed, eating similar food should be so dissimilar in health matters(36). This is D.D.'s "other" health philosophy often lost in the confusion of Innate philosophy.

To be sure, chiropractors must decide how they are to develop their profession within a Coan-like assumptive base or perspective. There are no hard and fast walls dividing a Coan from a Cnidian perspective. Neither can we claim one perspective is right and the other wrong. There is no need to disprove medicine to prove chiropractic. Each profession offers a valuable perspective in its own right because as philosophers have told us for centuries, reality is forever closed to the finite human mind. Since neither profession has "the answer," perspectives are needed as heuristic devices to aid our thinking. And, certain scientific perspectives, such as the Coan and Cnidian in the healing arts, have passed the test of time and are attractive for a variety of reasons. A Coan-like perspective recognizes chiropractic's ties and indebtedness to the past. It can also help create a context among the healing arts within which chiropractors can function. This profession has remained isolated from the greater community of science for too long.

Utilizing a Coan perspective can still lead our profession in any of several directions. There is obviously a need to choose the most fruitful one. Metaphysical study can help in this regard. I believe we can again look to D.D. Palmer to give chiropractic direction in its search for a proper scientific perspective.

Palmer claimed the principle of Tone to be, "the source of every Chiropractic principle. . .the basis of Chiropractic in its scientific or philosophical phase." He said tone was, "that state or condition of a body, or any of its organs or parts, in which the organic or animal functions are performed with due vigor." He claimed, "any deviation from normal tone, that of being too tense or too slack" is "expressed in function as disease."(36) Certainly, as Terrett notes, the concept of tone did not originate with Palmer(37). Despite that fact, Palmer gave the concept a new emphasis and used his insight into it differently than earlier healers.

I will argue that the principle of tone can give a uniqueness and direction to the previously mentioned Coan-like perspective. Unfortunately, Palmer's principle of tone is often equated with the biological principle of homeostasis(37). Yet an argument can be made that it is erroneous to equate the two concepts or conclude that homeostasis is a newer and better version of tone. What appears to be an appropriate analogy is the relationship between blood pressure and blood circulation. Blood pressure is an assessment of the state of the blood circulation; likewise, tone can be thought of as an assessment of homeostatic function. Such thinking, if correct, opens the door for an important metaphysical perspective shift.

Tone is a good choice to help us study our science for a variety of reasons. Certainly, a "Coan" approach is overly broad and intimates at that tired, overused metaphor, "holistic" medicine. Tone, besides being a "traditional" concept, has a uniquely chiropractic appeal because it is a dynamic and animated metaphor, pregnant with research possibilities. With the total metaphor, a chiropractor can express the "physicalness" that he/she observes and palpates in

his/her patients daily. Tone lends a "concreteness" to the Coan tradition that might otherwise be elusive and dryly philosophical.

As will be seen, tone can again become the profession's cornerstone metaphysical assumption. The assumption, of course, is that the body has abnormal, healthy, and dynamic state of "tension" and that deviations above or below that ideal tension are disease. Certainly, being a metaphysical assumption, it cannot be directly tested. Chiropractors must find ways to quantify and test the concept of Tone indirectly. D.D. Palmer assessed his patient's "tone" in terms of their symptoms and clinical signs (esp. respiration, heart rate and temperature)(36). Beyond these signs, today's chiropractor utilizes "tonal" assessments such as skin temperature differentials, flexibility measures, nerve conduction tests, etc. to quantify a patient's tone. Obviously, researchers must substantiate these tests for reliability and validity. And, researchers can surely improve upon these types of tests and discover new and exacting ways to measure and quantify the "tone" of body parts or systems. Tonal measurements can surely help us create a unique system of chiropractic diagnosis. Hopefully, it will lead to new and better health care strategies.

The chiropractic profession must choose to make this conceptual shift from mainstream medicine's assumption of disease as an abstract entity to an assumption of disease as an altered state of being involving the whole person. This conceptual change from disease as an entity unto itself to disease as a change in the organism itself makes all the difference. The chiropractic profession can avoid the mainstream medical position of viewing disease as an abstract entity and follow the more traditional chiropractic Coan perspective of disease as dysfunction. The direction our emerging research efforts take and the education of our students will largely be decided upon which metaphysical course we choose (or fail to choose). Most importantly, patients will be better served by a chiropractic profession that offers solutions to as yet unrecognized health problems. There is also the potential benefit that patients will be better served by earlier detection and correction of many conditions, such as those presently attributed to aging.

The question must arise, "If not 'named' diseases, then what kind of diseases can chiropractors claim to treat?" Certainly, the quintessential chiropractic disease is abnormal tone, consisting of either too much or too little function. And, while we are decades away from a system of chiropractic disease classification, a preliminary answer is that chiropractors should treat "Tonal" syndromes. There are hints of what such a system of syndromes might be like. For instance, several techniques, such as Activator, recognize patterns of extremity subluxation or joint dysfunction as occurring together. For example, particular shoulder dysfunctions are theorized to occur with specific dysfunctions within the elbow and wrists. In a sense, these patterns are "tonal" dysfunction syndromes rather than "named" diseases. In a broader application of this unique classification idea, is the category system of the Sacral Occipital Technique (SOT). SOT recognizes three basic categories of distortional patterns into which all patients fall. From each of these categories, it is theorized, there arises a distinct constellation of potential symptoms. SOT thus avoids treating "named" diseases while allowing for placing of individual patients into treatable categories. Such categorization is critically important in research. As Keating has said. . .

> "clinical trials must employ clearly described categories of patients, health problems (not necessarily diseases), and interventions so as to permit aggregation, organization and replication of methods and results. This is how knowledge and standards of care accumulate in any clinical science; there's nothing inherently 'medical" about it at all."(38)

Chiropractic research efforts are in danger of being principally driven by the disease model of mainstream medicine. Certainly, case reports and group studies are easier to conceptualize by examining chiropractic efficacy with named medical diseases, illnesses, and syndromes. While this is often useful and necessary to demonstrate our efficacy to the powers that be, perhaps we are largely playing ball in the wrong arena. But what is a researcher to do? The researcher cannot be responsible for creating whole new systems of disease categories. At some point, philosophers, technique people and other chiropractic professionals must come to his/her aid by accepting responsibility for helping create a uniquely chiropractic disease classification system. Realistically, something comparable to the recent "Mercy Center Consensus Conference" that helped create standards of care guidelines would be needed(39). Although such a conference seems unlikely soon, it is of the utmost importance.

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It takes well-understood ideas (held in a proper context) to move people and professions. It is not enough (and can even be counterproductive) to depend on

information alone. For example, a person who watches the nightly news may be "informed" about world events yet not understand why they are happening. Understanding requires a grasp of relevant ideas from a wider context of knowledge (e.g., politics, history, geography, etc.). Likewise, information (e.g., research studies) that is not being developed and managed by the metaphysical assumptions that should drive our profession will let us down; it cannot be maximally useful to the profession if this information exists outside the context of related ideas from history, philosophy of science, philosophy of chiropractic, etc. Such information may leave us as bewildered as the ignorant news watcher. Worse, this unabsorbed information may carry us along by the metaphysical assumptions inherent to the system from which it derives (e.g., mainstream medicine). That is how chiropractic can become an unwitting, limited specialty within the field of manual medicine. At the risk of being overly dramatic, metaphysical assumptions are powerful and inescapable.

Without explicit identification and general agreement over our basic metaphysical assumptions, our professional identity and the basis of our search for knowledge about health and disease. It is impossible to have a sensible professional course of action without a guiding perspective anchored in a sound assumptive base. A proper perspective will aid the elucidation of a uniquely chiropractic healing paradigm. Only a well-articulated paradigm can lead to testing and puzzle solving and, thereby, a science in the best sense of the word(28).

This brief review of metaphysics can only serve to leave the profession with a plausible assumptive base to replace earlier ones, such as Innate Philosophy. It will require years to acquire a well-rounded grasp of chiropractic metaphysical issues. Of course, the study of metaphysics will never be done. As our knowledge base grows, there will always be a need to reconsider our metaphysical assumptions and weave them into the fabric of chiropractic.

Without a doubt, the chiropractic colleges and techniques that adopt such a sound healing perspective will develop better scientific policies and practices. These groups will be the leaders of the profession.

Dr. Palmer strived for a distinctly "chiropractic" diagnostic and therapeutic system. His efforts were ultimately defeated by time, limited research and turn-of-the-century concepts; yet, we should realize we have much to learn from him and lot to learn about his principle of tone. We need to rediscover his work and use it as a beginning for future research. Certainly, his principle of tone provides us a useful approach to research and a means to maintain chiropractic as a unique health science.

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